Running head: ONE-TO-ONE PARAPROFESSIONALS

Critical Issues Brief:

Concerns About the Proliferation of One-to-One Paraprofessionals

Michael F. Giangreco

University of Vermont

Center on Disability and Community Inclusion

Burlington, Vermont

Council of Exceptional Children, Division on Autism and Developmental Disabilities (DADD) Critical Issues Brief approved by the DADD Board on April 21, 2009

Suggested citation:

Giangreco, M. F. (2009). Critical issues brief: Concerns about the proliferation of one-to-one paraprofessionals. Arlington, VA: Council for Exceptional Children, Division on Autism and Developmental Disabilities. Available online at http://www.dddcec.org/positionpapers.htm

As more students with autism, intellectual disabilities, and other developmental disabilities are placed in general education classes, an increasingly common practice is to assign these students one-to-one paraprofessionals as a primary support mechanism. Though offered with benevolent intentions, inappropriate reliance on one-to-one paraprofessionals has been identified a practice fraught with limitations (Giangreco, Yuan, McKenzie, Cameron, & Fialka, 2005). As such it warrants closer scrutiny as a critical issue in special education for at least four key reasons. Overreliance on one-to-one paraprofessionals: (a) is conceptually questionable, (b) may be an unduly restrictive support, (c) is associated with a host of inadvertent detrimental effects, and (d) is exacerbated by insufficient approaches for decision-making.

Overreliance on Paraprofessionals is Conceptually Questionable

There is no strong conceptual or theoretical basis for assigning the least qualified, lowest paid school staff, namely paraprofessionals, to provide the bulk of instruction for students with the most complex learning characteristics (Jones & Bender, 1993; Giangreco, Edelman, Broer, & Doyle, 2001; Brown, Farrington, Ziegler, Knight, & Ross, 1999). Evidence suggests that too many one-to-one paraprofessionals are inappropriately left to fend for themselves to make curricular and instructional decisions without professionally prepared plans, adequate training, or supervision (Downing, Ryndak, & Clark, 2000; French, 2001; Giangreco & Broer, 2005; Giangreco, Edelman, Broer, & Doyle, 2001; Giangreco, Edelman, Luiselli, & MacFarland, 1997; Marks, Shrader, & Levine, 1999). When one-to-one paraprofessionals have primary teaching responsibilities for students with disabilities it presents a double standard that would be considered unacceptable if it were applied to students without disabilities and is inconsistent with both the IDEA and NCLB focus on ensuring that students with disabilities have access to highly qualified teachers and special educators.

Overreliance on Paraprofessionals may be Unnecessarily Restrictive

Overreliance on one-to-one paraprofessionals may be an unnecessarily restrictive support option for some students with disabilities. It may impede access of students with disabilities to a free, appropriate, public education because, in some cases, the nature of the support may be inconsistent with individual goals that are geared toward greater student independence (Etscheidt, 2005). This is especially problematic in situations where students are assigned one-toone paraprofessionals with no planned efforts to fade that support (A. C. & M. C. v. Board of Education of the Chappaqua Central School, 2007).

Overreliance on Paraprofessionals is Associated with a Host Inadvertent Detrimental Effects

Overreliance on one-to-one paraprofessionals supports, can lead to a wide range of inadvertent detrimental effects (Broer, Doyle, & Giangreco, 2005; Downing, Ryndak, & Clark, 2000; Giangreco, Broer, & Edelman, 2001; 2002; Giangreco, Edelman, Luiselli, & MacFarland, 1997; Malmgren & Causton-Theoharis, 2006; Marks, Shrader, & Levine, 1999). One-to-one supports are associated with: (a) isolation within the classroom (e.g., seated in the back or side of the room), (b) insular relationships between students with and their one-to-one paraprofessionals, (c) unnecessary dependence, (d) interference with peer interactions, (e) stigmatization (f) limited access to competent instruction, (g) interference with teacher engagement, (h) loss of personal control or choices available to age-peers, (i) loss of gender identity, and (k) provocation of behavior problems.

Insufficient Decision-Making Approaches are Available

No theoretically grounded, field-tested, decision-making models exist in the professional literature for determining the need for one-to-one paraprofessional supports for students with disabilities in general education classrooms. Decision-making guidelines do exist (Giangreco, Broer, & Edelman, 1999), as does one description of a school-based decision-making process

(Mueller & Murphy, 2001). The absence of conceptually-sound, evidence-based, decisionmaking practices that account for educational support needs and consumer perspectives increases the likelihood that supports will be inappropriately provided in ways that expose students with disabilities to inadvertent negative consequences or inadequately meet their needs.

Potential Solutions

Given the concerns associated with the utilization of one-one paraprofessionals, there are a number of steps school personnel can take to mitigate the problems and provide appropriate supports for students with disabilities who are placed in general education settings:

1. *Utilize existing paraprofessionals in responsible ways.*

Research suggests that instruction delivered by paraprofessionals should be: (a) supplemental, rather than primary or exclusive; (b) planned by a qualified professional (e.g., teacher, special educator) so that it does not require paraprofessionals to plan lessons, determine accommodations, or make other pedagogical decisions; (c) based on explicit and intensive training in research-based practices; and (d) followed by ongoing supervision to ensure implementation fidelity (Causton-Theoharis, Giangreco, Doyle, & Vadasy, 2007). Noninstructional roles for paraprofessionals (e.g., clerical, materials preparation, personal care) should be acknowledged and valued as important contributions that can create time and opportunities for teachers and special educators to work directly with their students who have disabilities or to collaborate with each other (Giangreco, Edelman, & Broer, 2001).

2. Facilitate peer interactions and other natural supports.

Research demonstrates that paraprofessionals can be effectively trained to facilitate peer interactions (Causton-Theoharis & Malmgren, 2005; Devlin, 2005; Malmgren, Causton-Theoharis, & Trezek, 2005). Peer supports have been shown to be a viable alternative to some paraprofessional supports (Carter, Sisco, Melekoglu, & Kurkowski, 2007). Whenever possible, school personnel should connect students with disabilities with natural supports.

Involve students with disabilities in making decisions about their own supports. 3.

Only recently has the research literature begun to consider perspectives of students with disabilities about the paraprofessional supports they receive (Broer, Doyle, & Giangreco, 2005; Tews & Lupart, 2008). A key to self-determination is to involve students with disabilities in decisions about their own supports. This means directly asking students with disabilities where, when and how they need, and do not need, paraprofessional supports.

Explore less restrictive alternatives to using one-to-one paraprofessionals. 4.

Assignment of a one-to-one paraprofessional for a student with a disability should be considered among the most restrictive support options in a general education classroom, and therefore a last resort rather than a first or only option. Prior to considering the use of a one-toone paraprofessional, IEP teams should explore what other actions might allow a student with a disability to make meaningful progress in the general education classroom. A combination of possibilities can be considered such as: (a) assistive technology, (b) teacher training (e.g., teaching mixed-ability groups), (c) teaching formats that are amenable to individualization, (d) use of existing schoolwide supports (e.g., learning lab), (e) use of a paraprofessional assigned to a class rather than an individual student, (f) different models of delivery (e.g., co-teaching in the classroom), (g) positive behavior supports, and (h) peer supports.

5. Explore ways to fade one-to-one supports.

If the assignment of a one-to-one paraprofessional is already in place, this support should be closely monitored and efforts should be made to minimize potential negative consequences. This includes developing plans to fade the support during parts of the school day where it is

possible so that these supports may be considered temporary or transitional. This can be accomplished through a combination of student skill development and alternative supports. Development of fading plans should involve professionals, parents, and the student in need of support. By fading one-to-one paraprofessional supports students can increasingly benefit from more typical academic and social opportunities available in regular classes.

6. Have a process for making decisions about one-to-one paraprofessional supports.

In the absence of validated tools for making decisions about the need for one-to-one paraprofessional supports or fading such supports, schools are encouraged to develop local decision-making protocols that are consistent with existing research and consistent with the IDEA assurances to provide FAPE and appropriately individualized supports within the least restrictive environment. Any such protocols should also ensure appropriate involvement of school personnel, parents, and the student with disabilities. Development of paraprofessional decision-making tools should consider interactions between individual student needs (e.g., curricular, instructional, social, health) and environmental considerations (e.g., personnel capacity and roles, classroom environment and teaching formats, natural supports) (Giangreco, Broer, & Edelman, 1999). Rather than an all-or-nothing approach, decision-making tools should seek to match appropriate supports to identified needs that may vary throughout the day. For example, just because a student needs personal care support to use the bathroom (which might occur two or three times a day) does not necessarily mean that a one-to-one paraprofessional is required throughout the entire day.

7. Schools can consider systems-level alternatives to overreliance on paraprofessionals.

A variety of alternatives to overreliance on paraprofessionals have been suggested in the literature such as: (a) resource reallocation (e.g., trading paraprofessional positions for special

education positions), (b) co-teaching, (c) increasing ownership of general educators and their capacity to include students with disabilities, (d) transitional paraprofessional pools (e.g., shortterm, targeted assignments for roving staff), (e) reassigning paraprofessional roles (e.g., from one-to-one to classroom; paperwork paraprofessional), (f) lowering special educator caseloads to increase their opportunity to provide support in the classroom, and (g) peer supports (Giangreco, Halvorsen, Doyle, & Broer, 2004). A recently field-tested planning model encourages schools to reduce their overreliance on special education paraprofessionals by strengthening: (a) school and classroom environments and practices, (b) teacher practices, (c) special educator practices, (d) teacher and special educator collaboration, (e) family information and participation, and (f) student participation and reciprocal support (Giangreco, Broer, & Suter, in press).

Conclusion

Existing evidence strongly suggests that overreliance on one-to-one paraprofessionals is a critical issue in special education that requires attention. At the same time it is important to exercise caution so that the information in this issues brief is not inadvertently misused. For example, it would be inappropriate for a school to use this issues brief as a rationale to unilaterally or abruptly eliminate one-to-one paraprofessional supports to students who currently receive them or to reduce services without involving a student's IEP team in designing and implementing alternatives designed to adequately meet the student's needs. Such actions would be contrary to this article's intended purpose of improving supports and outcomes for students with disabilities. Hopefully recognition of our field's overreliance on one-to-one paraprofessionals will spur creative and constructive alternatives that will ensure appropriate supports for students with disabilities in new ways that will allow them to more fully benefit from all the general education classes and other environments schools have to offer.

References

- A. C. & M. C. v. Board of Education of the Chappaqua Central School, No. NYSD:6-CV-04238, U.S. Dist. (April 27, 2007).
- Brown, L., Farrington, K., Ziegler, M., Knight, T., & Ross, C. (1999). Fewer paraprofessionals and more teachers and therapists in educational programs for students with significant disabilities. Journal of the Association for Persons with Severe Handicaps, 24, 250 - 253.
- Broer, S. M., Doyle, M. B., & Giangreco, M. F. (2005). Perspectives of students with intellectual disabilities about their experiences with paraprofessional support. Exceptional Children, *71*, 415 - 430.
- Carter, E. W., Sisco, L. G., Melekoglu, M. A., & Kurkowski, C. (2007). Peer supports as an alternative to individually assigned paraprofessionals in inclusive high school classrooms. Research and Practice for Persons with Severe Disabilities, 32, 1-15.
- Causton-Theoharis, J., Giangreco, M. F., Doyle, M. B., & Vadasy, P. F. (2007). Paraprofessionals: The "sous chefs" of literacy instruction. *Teaching Exceptional Children*, *40*(1), 57 - 62.
- Causton-Theoharis, J. N., & Malmgren, K. W. (2005). Increasing interactions between students with severe disabilities and their peers via paraprofessional training. Exceptional Children, *71*, 431 - 444.
- Devlin, P. (2005). Effect of continuous improvement training on student interaction and engagement. Research and Practice for Persons with Severe Disabilities, 30, 47 - 59.
- Downing, J., Ryndak, D., & Clark, D. (2000). Paraeducators in inclusive classrooms. Remedial and Special Education, 21, 171 - 181.

- Etscheidt, S. (2005). Paraprofessional services for students with disabilities: A legal analysis of issues. Research and Practice for Persons with Severe Disabilities, 30, 60 - 80.
- French, N. K. (2001). Supervising paraprofessionals: A survey of teacher practices. *Journal of Special Education 35*, 41 - 53.
- Giangreco, M. F., & Broer, S. M. (2005). Questionable utilization of paraprofessionals in inclusive schools: Are we addressing symptoms or causes? Focus on Autism and Other Developmental Disabilities, 20, 10 - 26.
- Giangreco, M. F., Broer, S. M., & Edelman, S. W. (1999). The tip of the iceberg: Determining whether paraprofessional support is needed for students with disabilities in general education settings. Journal of the Association for Persons with Severe Handicaps, 24, 281 -291.
- Giangreco, M. F., Broer, S. M., & Edelman, S. W. (2001). Teacher engagement with students with disabilities: Differences based on paraprofessional service delivery models. Journal of the Association for Persons with Severe Handicaps, 26, 75 - 86.
- Giangreco, M. F., Broer, S. M., & Edelman, S. W. (2002). "That was then, this is now!" Paraprofessional supports for students with disabilities in general education classrooms. *Exceptionality*, 10, 47 - 64.
- Giangreco, M. F., Broer, S. M., & Suter, J. C. (in press). Guidelines for selecting alternatives to overreliance on paraprofessionals: Field-testing in inclusion-oriented schools. Remedial and Special Education.
- Giangreco, M. F., Edelman, S. W., & Broer, S. M. (2001). Respect, appreciation, and acknowledgement of paraprofessionals who support students with disabilities. Exceptional Children, 67, 485 - 498.

- Giangreco, M. F., Edelman, S. W., Broer, S. M., & Doyle, M. B. (2001). Paraprofessional support of students with disabilities: Literature from the past decade. *Exceptional Children*, 68, 45 64.
- Giangreco, M. F., Edelman, S. W., Luiselli, T. E., & MacFarland, S. Z. C. (1997). Helping or hovering? Effects of instructional assistant proximity on students with disabilities.

 Exceptional Children, 64, 7 18.
- Giangreco, M. F., Halvorsen, A. T., Doyle, M. B., & Broer, S. M. (2004). Alternatives to overreliance on paraprofessionals in inclusive schools. *Journal of Special Education Leadership*, 17, 82 90.
- Giangreco, M. F., Yuan, S., McKenzie, B., Cameron, P., & Fialka, J. (2005). "Be careful what you wish for...": Five reasons to be concerned about the assignment of individual paraprofessionals. *Teaching Exceptional Children*, *37*(5), 28 34.
- Jones, K. H., & Bender, W. N. (1993). Utilization of paraprofessionals in special education: A review of the literature. *Remedial and Special Education*, *14*, 7-14.
- Malmgren, K. W., & Causton-Theoharis, J. N. (2006). Boy in the bubble: Effects of paraprofessional proximity and other pedagogical decisions on the interactions of a student with behavior disorders. *Journal of Research in Childhood Education*, 20, 301 312.
- Malmgren, K. W., Causton-Theoharis, J. N., & Trezek, B. J. (2005). Increasing peer interactions for students with behavioral disorders via paraprofessional training. *Behavioral Disorders*, 31, 95 106.
- Marks, S. U., Schrader, C., & Levine, M. (1999). Paraeducator experiences in inclusive settings: Helping, hovering, or holding their own? *Exceptional Children*, 65, 315 328.

- Mueller, P. H., & Murphy, F. V. (2001). Determining when a student requires paraeducator support. *Teaching Exceptional Children*, *33*(6), 22 27.
- Tews, L., & Lupart, J. (2008). Student with disabilities' perspectives of the role and impact of paraprofessionals in inclusive education settings. *Journal of Policy and Practice in Intellectual Disabilities*, 5(1), 39 46.